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ABSTRACT

Presented is the report of a Virginia study committee analyzing various policy options on the provision of services to students with Attention Deficit Hyperactivity Disorder (ADHD). The study found that approximately 49,000 Virginia students have an attention deficit disorder, with 24,500 in need of special education services and an additional 24,500 probably in need of regular education classroom modifications or accommodations. Five policy options were identified and analyzed: (1) include ADHD as a separate handicapping condition eligible for special education; (2) include ADHD in the category of "other health impaired"; (3) educate local school districts on their obligation to provide services to some students with ADHD; (4) await direction from the federal government, but inform school division personnel of the characteristics and management of ADHD; and (5) await direction from the federal government. The team's recommendations included: develop a training package for school division personnel; encourage higher education institutions to incorporate information on ADHD into teacher training programs; and revise state regulations to include ADHD in the category of "other health impaired." Also noted are federal policy recommendations issued after the study team's work. Appendices and attachments present fiscal impact statements and state and federal memoranda. (DB)

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November 26, 1991

Provision of Services to Students with Attention Deficit Hyperactivity Disorder

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Virginia Department of Education

VIRGINIA DEPARTMENT OF EDUCATION

**PROVISION OF SERVICES TO STUDENTS
WITH
ATTENTION DEFICIT HYPERACTIVITY DISORDER**

November 26, 1991

TABLE OF CONTENTS

Executive Summary	i
Study and Presentation on Attention Deficit Hyperactivity Disorder (ADHD), RFP #91-1	
Acknowledgements	1
Applicable Laws	2
Background Information	3
Study Approach	4
Definitions	6
Occurrence of ADHD	8
LEA Survey	10
Fiscal Impact	12
Summary of Recommended Actions	17
Recommended Actions	18
Appendices	20
Attachment A - Interpretive Superintendent's Memo. No. 1 Dated October 2, 1991 - Clarification of Responsibility to Address the Needs of Children with Attention Deficit Hyperactivity Disorder	25
Attachment B - United States Department of Education Memorandum Dated September 16, 1991 - Clarifica- tion of Policy to Address the Needs of Children with Attention Deficit Disorders within General and/or Special Education	30

EXECUTIVE SUMMARY

PROVISION OF SERVICES TO STUDENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

The Virginia Department of Education recognized the need to address the provision of services to students with attention deficit hyperactivity disorder in 1988 when it convened a task force to study this issue. In the fall of 1989, the task force issued a report entitled Attention Deficit Hyperactivity Disorder and the Schools. The Department of Education followed up this report with four regional meetings in 1990 to make the public aware of ADHD and the recommendations of the task force. In the fall of 1990, a copy of the task force report was sent to all school principals in the Commonwealth. This task force report has received national acclaim and is being used as a model by other states developing their own.

In response to the formation of the House Education Committee subcommittee to study Attention Deficit Hyperactivity Disorder (ADHD) in 1991, the Department of Education initiated a study to review the Department's position on the issue of the provision of services to students with ADHD, and to prepare a presentation for the subcommittee. After reviewing available literature and research on ADHD, including the task force report, conducting a survey of local school divisions, and analyzing several policy options, the study team presented its findings and recommendations to the Department of Education management group in June 1991. A copy of the briefing to the management group follows this Executive Summary.*

As part of its study, the Department study team found that approximately three to five percent of the population has an attention deficit disorder. Based on national statistics, the team estimated that approximately 49,000 students in Virginia have an attention deficit disorder. Approximately 24,500 of those students are in need of special education services, with 17,000 in need of a resource program and 7,300 in need of a special education self-contained program. The team predicted that 18,000 students in Virginia were currently receiving such services, leaving 6,500 students in need of services. The remaining 24,500 students with attention deficit disorders, while not needing special education, may be in need of regular education classroom modifications or accommodations. An informal telephone survey of local school divisions verified that these estimates were accurate.

The study team identified and analyzed the following five policy options:

- Inclusion of ADHD as a separate handicapping condition in the list of recognized handicapping conditions for special education in the Code of Virginia § 22.1-213;

- Inclusion of ADHD in the list of examples in the definition of "other health impaired" in the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia;
- Education of local school divisions on their obligation to provide services to some students with ADHD under §504 of the Rehabilitation Act of 1973;
- Await direction from the federal government, but proceed to inform local school division personnel of the characteristics and management of ADHD; and
- Await direction from the federal government in either the form of a policy letter from the United States Department of Education (USDOE) or federal legislation.

After analyzing available information on each option, the study team concluded that some students with ADHD are in need of assistance and that the best way to provide essential services to students with ADHD is through a comprehensive approach to include the following three methods of service delivery:

- Special education services if the child qualifies under the definitions of "specific learning disability," "serious emotional disturbance," or "other health impaired";
- Accommodations and modifications under §504 of the Rehabilitation Act of 1973 if the child qualifies; and
- Regular education interventions developed by the teacher, the child study committee, or the teacher assistance team.

The team's recommendations to the Superintendent included the following:

- Prepare a Superintendent's Memorandum to include a discussion of this comprehensive approach to providing services to students with ADHD (Attachment A);
- Develop a training package for education of school division personnel regarding the characteristics and management of ADHD, and an informational package to be added to local school divisions' resource centers;
- Encourage the cooperation of higher education institutions to ensure that information regarding the characteristics and management of individuals with ADHD is incorporated into the teacher training programs of all colleges and universities of the Commonwealth; and
- Include in the upcoming revision of the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia the

addition of ADHD to the list of examples of conditions that may be considered "other health impairments."

At the same time that the Department team was conducting its study, Congress was considering legislation to include ADHD as a separate disabling condition in the Individuals with Disabilities Education Act (IDEA), or in the definition of "specific learning disability" which is already a recognized disabling condition under IDEA. Congress chose to do neither. Instead, Congress asked the United States Secretary of Education to publish a Notice of Inquiry in the Federal Register to solicit public comments regarding the issue. Over 2000 individuals and organizations responded to the Notice of Inquiry. The comments indicated that there was considerable confusion on the issue. In response to the comments, numerous meetings between members of Congress, administrators from the United States Department of Education (USDOE), and national lobbying organizations took place to reach a compromise on the issue.

On September 16, 1991, the USDOE issued a joint policy letter from the Office of Special Education and Rehabilitative Services, Office for Civil Rights, and the Office of Elementary and Secondary Education (Attachment B). The policy letter is consistent with the Virginia Department of Education team's recommendations. The policy letter makes it clear that there is no need to add ADHD as a separate disability category in the statutory definition of "children with disabilities" in IDEA. Children with ADHD who require special education and related services can meet the eligibility criteria for services under IDEA as a student with a serious emotional disturbance, specific learning disability, or other health impairment. The letter also states that a student with ADD may be determined to be handicapped as defined by Section 504 of the Rehabilitation Act of 1973.

Virginia became a national leader in the provision of services to students with ADHD in 1988 when the Task Force on Attention Deficit Hyperactivity Disorder and the Schools completed its study and issued its findings and recommendations. Today, Virginia appears to, once again, lead by being the first state to implement the USDOE policy. The recommendations made by the Department team and the information provided in the USDOE policy letter are sound and in the best interest of children in Virginia. The Department intends to provide continued assistance to local school divisions in implementing this policy so that all children in need of assistance from the school divisions will receive it.

* The information in the briefing document is current as of June 12, 1991 (prior to the September 16, 1991 policy letter from the United States Department of Education).

**STUDY AND PRESENTATION ON
ATTENTION DEFICIT HYPERACTIVITY DISORDER
(ADHD)**

RFP #91-1

Department of Education

June 12, 1991

ACKNOWLEDGEMENTS

TEAM MEMBERS

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APPLICABLE LAWS

- Individuals with Disabilities Education Act (IDEA) [formerly the Education of the Handicapped Act]
- Section 504 of the Rehabilitation Act of 1973
- Code of Virginia §22.1-213 through §22.1-221
- Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia
- Code of Virginia §51.5-40

BACKGROUND INFORMATION

■ United States Congress

During the 1990 session of Congress, legislation was introduced to add ADHD to the list of disabilities enabling a student to be found eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA), formerly the Education of the Handicapped Act (P.L. 94-142). After intensive debate, Congress requested the Secretary of Education to publish a Notice of Inquiry in the Federal Register to solicit public comments regarding the appropriate components of an operational definition under IDEA for the term "attention deficit disorder." The public comment period ended on April 1, 1991.

■ Virginia General Assembly

During the 1991 session of the General Assembly, Delegate Shirley F. Cooper introduced House Bill 1593 which provided for the inclusion of ADHD in the list of recognized handicapping conditions for special education in §22.1-213 of the Code of Virginia. The bill was subsequently withdrawn and a special subcommittee chaired by Delegate J. Paul Council, Jr. was formed to study the issue.

■ Initiation of the Study

In response to the General Assembly's action, RFP #91-1 was introduced to develop a Department of Education position on the issue and develop a presentation for the General Assembly subcommittee. The Division of Policy and Planning was awarded the RFP and this document represents the result of the team's study.

STUDY APPROACH

■ Reviewed Literature

- ☐ Virginia Department of Education Task Force Report on ADHD and the Schools
- ☐ Responses to the Notice of Inquiry published in the Federal Register including responses from:
 - ◆ The National Association of State Directors of Special Education (NASDSE)
 - ◆ The Council of Chief State School Officers
 - ◆ The National Education Association
 - ◆ The Professional Group for ADD and Related Disorders (PGARD)*
 - ◆ The National Coalition for ADD (NCADD)**
- ☐ Opinions from the United States Department of Education Office of Special Education Programs (OSEP) and Office of Civil Rights (OCR)

■ Surveyed Local Education Agencies (LEAs)

- ☐ Number of children suspected of having ADHD referred for services
- ☐ Number of children with ADHD served
- ☐ Method of providing services
- ☐ Opinion regarding the provision of services to students with ADHD

* PGARD is a group of psychologists, psychiatrists, pediatricians, neurologists and educators from around the world whose practice involves treating children with ADHD.

** NCADD is a coalition formed between Children with ADD (CH.A.D.D.) and the Attention Deficit Disorder Association (ADDA). CH.A.D.D. is a nationwide nonprofit organization that provides information and support to parents of children with ADD. ADDA is a nonprofit alliance of independent parental support groups throughout the country.

STUDY APPROACH

- **Consulted with Dr. Ronald Reeve, Associate Professor, Curry School of Education, University of Virginia**
 - ☐ Occurrence of disorder
 - ☐ Service delivery models
 - ☐ Necessary accommodations
- **Developed a List of Policy Options and Their Implications**
 - ☐ Inclusion of ADHD as a separate handicapping condition in the list of recognized handicapping conditions for special education in Code of Virginia §22.1-213
 - ☐ Inclusion of ADHD in the definition of "other health impaired" in the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia
 - ☐ Educating LEAs on their obligation to provide services to some students with ADHD under §504 of the Rehabilitation Act of 1973
 - ☐ Await direction from the federal government but proceed to train LEA personnel on the characteristics and management of ADHD
 - ☐ Await direction from the federal government in either the form of a policy letter from the United States Department of Education (USDOE) or federal legislation
 - ☐ Policy options not mutually exclusive.
- **Developed Recommendations for the Management Team**
 - ☐ Combination of policy options
 - ☐ Training of personnel on the characteristics and management of ADHD
 - ☐ Regulatory change but no statutory change
 - ☐ Teacher training programs

DEFINITIONS

■ Attention Deficit Hyperactivity Disorder

The essential features of Attention Deficit Hyperactivity Disorder (ADHD) are developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity. Individuals with this disorder generally display some disturbance in each of these areas, but to varying degrees.

Manifestation of the disorder usually appears in most situations, including at home, in school, at work and in social situations, but to varying degrees. Some individuals show signs of the disorder only in one setting. Symptoms typically worsen in situations requiring sustained attention, such as listening to a teacher in a classroom, attending meetings, or doing class assignments or chores at home.

--Diagnostic and Statistical Manual of Mental Disorders, 3rd edition - revised.

■ Other Health Impaired

Having limited strength, vitality or alertness due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, arthritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes which adversely affects a child's educational performance.

--34 Code of Federal Regulations §300.5.
--Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia

■ Qualified Handicapped Person under Section 504

A "handicapped person" under §504 is any person who: (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

A "qualified handicapped person" under §504 for public preschool, elementary, or secondary education services is one who: (1) is of an age during which nonhandicapped persons are provided such services; (2) is of an age during which it is mandatory under state law to provide such services to handicapped persons; or (3) to whom a state is required to provide a free appropriate public education under IDEA.

--34 Code of Federal Regulations §104.3, j.

DEFINITIONS

■ Seriously Emotionally Disturbed

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- a. An inability to learn which cannot be explained by intellectual, sensory, or health factors;
- b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- c. Inappropriate types of behavior or feelings under normal circumstances;
- d. A general pervasive mood of unhappiness or depression; or
- e. A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes children who are schizophrenic, but does not include children who are socially maladjusted unless it is determined that they are seriously emotionally disturbed.

--34 Code of Federal Regulations §300.5.
--Regulations Governing Special Education Programs
for Handicapped Children and Youth in Virginia.

■ Learning Disabled

A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children with learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

--34 Code of Federal Regulations §300.5.
--Regulations Governing Special Education Programs
for Handicapped Children and Youth in Virginia.

OCCURRENCE OF ADHD

Estimated Number of Virginia Students with Attention Deficit Hyperactivity Disorders (ADHD)

Students in Virginia 9-30-89 Fall Membership	ADHD Students in Virginia (5%*)	ADHD Students Who May Need Special Education Services (50%*)	ADHD Students Being Served In Special Education as SLD, SED, OHI and MR	ADHD Students Who May Need Special Education But May Not Be Receiving Services
985,031	49,252	24,626	18,040**	6,586

* Information, including percentages, obtained from literature review and from Professional Group for ADD and Related Disorders' (PGARD) response, March 28, 1991, to USDOE's notice of inquiry on ADD/ADHD.

** This estimation is determined by using percentages obtained from literature review and PGARD's response and the Virginia December 1, 1989 child count for special education.

<4% of students with mental retardation (MR)	(12,835)	-	513
17% of students with other health impairments (OHI)	(300)	-	30
30% of students with seriously emotional disturbance (SED)	(7,788)	-	2,336
30% of students with specific learning disabilities (SLD)	(50,538)	-	<u>15,161</u>
			18,040

OCCURRENCE OF ADHD

Projected Services for ADHD Students

ADHD Students Who May Not Need Special Education Services But Possible Classroom Accommodations and/or Modifications (50%*)	ADHD Students Who May Need A Special Education Resource Program (35%*)	ADHD Students Who May Need A Special Education Self-Contained Program (15%*)
24,626	17,238 (4,610)**	7,388 (1,976)**

- * Information, including percentages, obtained from literature review and from Professional Group for ADD and Related Disorders' (PGARD) response, March 28, 1991, to USDOE's notice of inquiry on ADD/ADHD.
- ** This amount is an estimated number of ADHD students who may be in need of special education services but may not be receiving services at this time.

LEA SURVEY

- As part of its study, the team conducted an informal telephone survey of 26 local education agency (LEA) special education directors to obtain their opinion on how services should be delivered to students with ADHD, and how services were currently being delivered to students with ADHD. The following is a summary of the response.

- ☐ Should ADHD be listed as a separate handicapping condition under the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia?

Yes - 2 No - 24

- ☐ Is ADHD already included in any of the existing handicapping conditions in the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia?

Yes - 18 No - 8
(OHI, SED, LD)

- ☐ Should students with ADHD be found eligible for services under Section 504 of the Rehabilitation Act of 1973?

Yes - 18 No - 6

- ☐ Are there other mechanisms that could be used to serve students with ADHD?

Yes - 25 No - 1
(Accommodations in the regular classroom)

- ☐ How many students with ADHD in your school division have requested or have been referred for services in the last two years?

712

- ☐ How many students received services?

435

LEA SURVEY

- ☐ Of the students that received services, how many received services under the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia?

273

- ☐ What handicapping conditions were they served under?

<u>Condition</u>	<u>Number</u>
LD	209
SED	30
OHI	15
Other	19

- ☐ Of the students that received services, how many received services under Section 504 of the Rehabilitation Act of 1973?

168

- ☐ How many students received services through some form of alternative education plan or general accommodations?

479

Separate Handicapping Condition

PROS

- Promotes recognition of ADHD as a disability that may require special education assistance from school divisions.
- Ensures due process rights under the Individuals with Disabilities Act (IDEA).
- Decreases the likelihood of improperly labeling a student's disability.

CONS

- Not supported in the Department of Education Task Force Report on ADHD in the Schools.
- Not supported by the current position of the National Coalition of Attention Deficit Disorder (NCADD).
- Not recognized by the federal government.
- May encourage the use of self-contained or resource programs for students who may only need regular education interventions.
- May create a need for a separate teacher endorsement in ADHD.
- Developing an educational definition of ADHD may be difficult.
- Sets precedent for adding other disabilities that may already be covered by IDEA to the Code of Virginia.
- Does not guarantee that all estimated students with ADHD who need services will receive services.

FISCAL IMPACT*

Teachers (state share)	\$8,249,000
Teachers (local share)	7,027,000
Teacher prep. (local)	309,000
Child assessment & evaluations (local)	6,645,000
Materials (local)	331,000
Awareness/Training (state)	58,000
TOTAL	\$22,619,000

* This cost would not be incurred all in one year.

Note: \$2,331,444 in additional federal revenue will be available if USDOE includes ADHD in the definition of Other Health Impaired.

Other Health Impaired

PROS

- In accordance with Recommendations #1 and #2 in the Department of Education Task Force Report on ADHD in the Schools.
- Informally recognized by USDOE.
- Supported by NCADD.
- Promotes recognition of ADHD as a disability that may require special education assistance from school divisions.
- Ensures due process right under IDEA.
- Encourages the use of regular education interventions.
- Allows IEP committee flexibility when making placement decisions.
- No specific teacher endorsement required.
- No educational definition needs to be developed.

CONS

- Not publicly recognized by the federal government.
- Sets a precedent for listing other health problems in the definition of "other health impaired" which may already be included in the definition.
- Does not guarantee that all estimated students with ADHD who need services will receive services.

FISCAL IMPACT *

Teachers (state share)	\$8,249,000
Teachers (local share)	7,027,000
Child assessment & evaluations (local)	6,645,000
Materials (local)	331,000
Awareness/Training	58,000

TOTAL **\$22,310,000**

* This cost would not be incurred all in one year.

NOTE: \$2,331,444 in additional federal revenue will be available if USDOE includes ADHD in the definition of Other Health Impaired.

Section 504 of the Rehabilitation Act

PROS

- Allows school divisions flexibility in choosing service delivery models.
- Ensures due process rights under Section 504.

CONS

- Lack of consistency in school division understanding and policy implementation of Section 504.
- Provides no definition of the specific disabilities that are covered under the Act.
- Some students with ADHD may not qualify for services under Section 504.

FISCAL IMPACT *

Training of Parent Resource Center personnel	\$8,000
Regional conferences	<u>8,000</u>
TOTAL	\$16,000

* Note: Fiscal Impact is to the state.

Conduct Training and Information Campaign While Awaiting Direction from Federal Government

PROS

- In accordance with Recommendation #1 in the Department of Education Task Force Report on ADHD and the Schools.
- Provides proactive service and direction to local school divisions while waiting for the federal government to take a position.
- Encourages the use of child study committees and teacher assistance teams to develop regular education interventions for students with ADHD.
- No educational definition needed.
- No specific teacher endorsement required.

CONS

- Increases potential for increased conflict and litigation.
- Maintains status quo for students with ADHD who may need special education services and are not currently receiving services.
- No additional due process rights available under IDEA.

FISCAL IMPACT

Teleconference	\$4,000
Videotapes (development and dissemination)	15,000
Regional Conferences	8,000
Technical assistance teams for individual schools and LEAs.	<u>31,000</u>
TOTAL	\$58,000

Note: Fiscal Impact is to the state.

Await Direction from Federal Government

PROS

- Coincides with the Department's, Secretary's and Governor's policy of decreasing mandates except where federally required.

Eliminates potential confusion among LEAs by releasing one directive now and possibly changing it once the federal government takes a position.

CONS

- Not supported in the Department of Education Task Force Report on ADHD and the Schools.
- Increases potential for increased conflict and litigation.
- Maintains status quo for students who may need special education services and are currently not receiving services.
- Does not create additional due process rights under IDEA for students who need services.

FISCAL IMPACT

No fiscal impact until USDOE takes action.

SUMMARY OF RECOMMENDED ACTIONS

- **Recommended actions for the management group include:**
 - Issue a Superintendent's Memorandum providing information regarding the characteristics and management of ADHD.
 - Develop a training package for educating school division personnel regarding characteristics and management of ADHD.
 - Revise the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia.
 - Work with higher education institutions to improve teacher training on ADHD

- **Further discussion of each action follows.**

RECOMMENDED ACTIONS

- The team recommends a comprehensive approach to serving students with ADHD to include the following three methods of service delivery to students with ADHD:
 - Services under IDEA. Children with ADHD may be considered disabled solely on the basis of ADHD within the other health impaired category in situations where special education and related services are needed because of ADHD. In addition, children with ADHD may have a concomitant disability such as serious emotional disturbance (SED) or learning disabilities (LD) and qualify for services under IDEA under the SED or LD disability category.
 - Accommodations and modifications under Section 504 of the Rehabilitation Act of 1973 if the student meets the definition of a "qualified handicapped person."
 - Regular education interventions developed by the teacher, the child study committee, or the teacher assistance team.
- Prepare a Superintendent's Memorandum providing information to all school divisions regarding the characteristics and management of ADHD. The memorandum would include a discussion of the comprehensive approach to ADHD and the three methods of service delivery. The memorandum would also discuss the school division's role when drug therapy is being used to treat a student with ADHD. In addition to being important to the overall understanding of ADHD, a discussion of medication will also meet the requirements of HJR 455, legislation passed during the 1991 General Assembly requesting the Department of Education to encourage local school divisions to make personnel available in every public school to administer medications, including recording observable reactions associated with medication used to treat ADHD.
- Prepare a letter to the members of the State Council of Directors of Special Education reiterating the information contained in the Superintendent's Memorandum.

RECOMMENDED ACTIONS

- Develop a training package for education of school division personnel regarding the characteristics and management of ADHD. This training should be attended by regular education and special education teachers, building administrators (especially those responsible for student discipline), and pupil personnel services staff. This training package would include a teleconference, videotapes for local school division use, regional conferences and technical assistance teams. An Idea Paper is to be introduced for the development of the training package.
- Develop a packet of information concerning ADHD to be sent to the local school divisions to be added to their parent resource center (if they have a center), or to the local school division's resource library.
- Include in the upcoming revision of the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia a revision which specifically includes ADHD in the definition of "other health impaired."
- Encourage the incorporation of education regarding the characteristics and management of individuals with ADHD, as well as other disabilities, into the teacher training programs of all colleges and universities of the Commonwealth.

FISCAL IMPACT*

Teachers (state share)	\$8,249,000
Teachers (local share)	7,027,000
Child Assessment and Evaluations (local)	6,645,000
Materials (local)	331,000
Awareness/Training	58,000
Training of Parent Resource Center personnel	8,000
Information Packets	8,000
	<hr/>
	\$22,326,000

* This cost would not be incurred all in one year.

Note: \$2,331,444 in additional federal revenue will be available if USDOE includes ADHD in the definition of Other Health Impaired.

APPENDICES

FISCAL IMPACT DETAIL FOR RECOMMENDED ACTION

Estimated Cost for Additional Teachers

PROGRAM	NUMBER ADHD NEEDING SPECIAL EDUC.	MAXIMUM NUMBER STUDENTS PER TEACHER	NUMBER TEACHERS NEEDED	SALARY PER TEACHER	SALARY COST
elementary resource	2,950	24	123	\$28,113	\$ 3,457,899
elementary self- contained	1,265	8	159	28,113	4,469,967
secondary resource	1,660	24	70	30,400	2,128,000
secondary self-contained	711	8	89	30,400	2,705,600
TOTALS	6,586		441		\$12,761,466*

*\$12,761,466 + 19.698% (fringes) = \$15,275,220

↓

\$ 8,248,619 state share (54%)

\$ 7,026,601 local share (46%)

Estimated Cost of Child Assessment/Evaluation

\$1,009 x 6,586 children = \$6,645,274

Estimated Cost of Instructional Materials/Supplies

\$750 x 441 teachers = \$330,750

Estimated Cost of Awareness/Inservice Training

teleconferences	\$ 4,000
\$3,000 x 5 tapes (produced and disseminated)	15,000
regional conferences	8,000
technical assistance teams:	
16 staff hrs. x 3 people x \$23/hr + \$150 expenses x 25 visits	31,350
	\$58,350

Estimated Cost of Training for Parent Resource Centers

\$8,000

Estimated Cost of Informational Packets

\$8,000

FISCAL IMPACT DETAIL SEPARATE HANDICAPPING CONDITION

Estimated Cost for Additional Teachers

PROGRAM	NUMBER ADHD NEEDING SPECIAL EDUC.	MAXIMUM NUMBER STUDENTS PER TEACHER	NUMBER TEACHERS NEEDED	SALARY PER TEACHER	SALARY COST
elementary resource	2,950	24	123	\$28,113	\$ 3,457,899
elementary self- contained	1,265	8	159	28,113	4,469,967
secondary resource	1,660	24	70	30,400	2,128,000
secondary self-contained	711	8	89	30,400	2,705,600
TOTALS	6,586		441		\$12,761,466*

*\$12,761,466 + 19.698% (fringes) = \$15,275,220

↓
\$ 8,248,619 state share (54%)
\$ 7,026,601 local share (46%)

Estimated Cost of Teacher Preparation

2 courses x \$350 x 441 teachers = **\$308,700**

Estimated Cost of Child Assessment/Evaluation

\$1,009 x 6,586 children = **\$6,645,274**

Estimated Cost of Instructional Materials/Supplies

\$750 x 441 teachers = **\$330,750**

Estimated Cost of Awareness/Inservice Training

teleconference	\$ 4,000
\$3,000 x 5 tapes (produced and disseminated)	15,000
regional conferences	8,000
technical assistance teams:	
16 staff hrs. x 3 people x \$23/hr + \$150 expenses x 25 visits	<u>31,350</u>
	\$58,350

FISCAL IMPACT DETAIL OTHER HEALTH IMPAIRED

Estimated Cost for Additional Teachers

PROGRAM	NUMBER ADHD NEEDING SPECIAL EDUC.	MAXIMUM NUMBER STUDENTS PER TEACHER	NUMBER TEACHERS NEEDED	SALARY PER TEACHER	SALARY COST
elementary resource	2,950	24	123	\$28,113	\$ 3,457,899
elementary self- contained	1,265	8	159	28,113	4,469,967
secondary resource	1,660	24	70	30,400	2,128,000
secondary self-contained	711	8	89	30,400	2,705,600
TOTALS	6,586		441		\$12,761,466*

*\$12,761,466 + 19.698% (fringes) = \$15,275,220

↓
 \$ 8,248,619 state share (54%)
 \$ 7,026,601 local share (46%)

Estimated Cost of Child Assessment/Evaluation

\$1,009 x 6,586 children = \$6,645,274

Estimated Cost of Instructional Materials/Supplies

\$750 x 441 teachers = \$330,750

Estimated Cost of Awareness/Inservice Training

teleconference	\$ 4,000
\$3,000 x 5 tapes (produced and disseminated)	15,000
regional conferences	8,000
technical assistance teams:	
16 staff hrs. x 3 people x \$23/hr + \$150 expenses x 25 visits	31,350
	\$58,350

FISCAL IMPACT DETAIL

CONDUCT TRAINING AND INFORMATION CAMPAIGN

Estimated Cost of Awareness/Inservice Training

Teleconference	\$ 4,000
\$3,000 x 5 tapes (produced 15,000 and disseminated)	
Regional conferences	8,000
Technical assistance teams:	
16 staff hrs. x 3 people x \$23/hr + \$150 expenses x 25 visits	<u>31,350</u>
	\$58,350

FISCAL IMPACT DETAIL
SECTION 504 OF THE REHABILITATION ACT

Estimated Cost:

Training of Parent Resource Center Personnel	\$ 8,000
Regional Conferences	<u>8,000</u>
	\$16,000

ATTACHMENT A

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF EDUCATION
P.O. BOX 6Q
RICHMOND, VIRGINIA 23216-2060

SUPTS. MEMO. NO. 1
October 2, 1991

INTERPRETIVE

TO: Division Superintendents

FROM: Joseph A. Spagnolo, Jr.
Superintendent of Public Instruction

SUBJECT: Clarification of Responsibility to Address the Needs of Children with
Attention Deficit Hyperactivity Disorder

As you are aware, the issue of addressing the educational needs of children with attention deficit disorder and attention deficit hyperactivity disorder (both conditions will be referred to as "ADHD" throughout this memorandum) has been in the forefront of educational policy at the national, state and local level for the past year. The Virginia Department of Education recognized the need to address the issue of ADHD in 1988 when it convened a task force to study this issue. In the fall of 1989, the task force issued a report entitled Attention Deficit Hyperactivity Disorder and the Schools. The State Department followed up this report with four regional meetings in 1990 to make the public aware of ADHD and the recommendations of the task force. In the fall of 1990, a copy of the task force report was sent to all school principals in the Commonwealth. During the spring of 1991, a project team reviewed the task force report and other information on ADHD and developed a list of recommendations on the provision of services to students with ADHD. These recommendations were presented to the State Department management group in June. A copy of the recommendations is attached for your review.

These recommendations are consistent with a recent joint policy letter issued by the United States Department of Education, Office of Special Education, Office for Civil Rights, and the Office of Elementary and Secondary Education (USDOE) on September 16, 1991. The policy letter clarifies state and local responsibility under federal law for addressing the educational needs of children with ADHD. The State Department concurs with the policy statements set forth in the USDOE letter. A copy of the letter is attached for your review.

The USDOE letter states that under Part B of the Individuals with Disabilities Education Act (Part B), children with ADHD may be considered as having a disability under Part B solely on the basis of this disorder within the "other health impaired" category if the ADHD is a chronic or acute health problem resulting in limited alertness, which adversely affects educational performance. Also, students with

ADHD may be eligible for services under Part B if they satisfy the criteria applicable to other disability categories (e.g., specific learning disabilities, seriously emotionally disturbed).

Additionally, the USDOE letter states that when a student has a prior medical diagnosis of ADHD, a local school division may not refuse to evaluate a student for the need for special education and related services solely by reason of that medical diagnosis. School divisions have an affirmative obligation to evaluate a child who is suspected of having a disability to determine the child's need for special education and related services. The evaluation must be conducted in accordance with Part B regulations and the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia. In addition to this responsibility, local school divisions have an obligation to provide a free appropriate public education to all eligible children with disabilities.

In addition to reviewing the requirements under Part B, the USDOE letter explains in detail a local school division's obligation under Section 504 of the Rehabilitation Act of 1973 to students with ADHD found not to require special education and related services under Part B. Even if a child with ADHD is found not eligible for services under Part B, the requirements of Section 504 of the Rehabilitation Act of 1973 may be applicable. Section 504 prohibits recipients of federal funds from discriminating against a person on the basis of a handicapping condition. A federal fund recipient that operates a public elementary or secondary education program must address the needs of children who are considered "handicapped persons" under Section 504 as adequately as the needs of nonhandicapped persons are addressed. "Handicapped person" is defined in the Section 504 regulations as a person who has a physical or mental impairment which substantially limits a major life activity. Learning is considered a major life activity under the regulations. Therefore, depending on the nature and severity of their condition, children with ADHD may fit within that definition.

In addition to students with ADHD who qualify for services under either Part B or Section 504, there is a large group of students with ADHD who are not eligible under either Part B or Section 504 but may still need some assistance in the regular education classroom. The State Department encourages the use of teacher intervention teams and child study committees to address the needs of these students. The VDOE will be developing a training package for local school division personnel regarding intervention strategies in both the regular education classroom and the special education classroom. Because students with ADHD may be served in either the regular education classroom or the special education classroom, we ask that you share this memorandum with regular education personnel, special education personnel, and administrative staff.

The Virginia Department of Education is committed to improving the learning opportunities for students with ADHD. In the coming months, the State Department will be actively involved in implementing the recommendations made by the project team. While the list of chronic or acute health problems included with the definition of "other health impaired" in the Regulations Governing Special Education Programs

for Children and Youth in Virginia is not exhaustive, ADHD will be added to that list during the next revision of the regulations to make it clear that it may fall under the category of "other health impaired." Also, we plan to develop a training package for local school division personnel regarding identification and assessment procedures, the characteristics of the disorder, and intervention strategies.

Please contact Ms. Robin L. Hegner, Division of Policy and Planning, at (804) 225-2816 if you have any questions concerning this memorandum or the USDOE policy letter.

JASJr/rh

Attachments

DEPARTMENT OF EDUCATION
RFP #91-1
STUDY OF ATTENTION DEFICIT HYPERACTIVITY DISORDER
TEAM RECOMMENDATIONS
JUNE 1991

- The team recommends a comprehensive approach to serving students with ADHD to include the following three methods of service delivery to students with ADHD:
 - Services under IDEA. Children with ADHD may be considered disabled solely on the basis of ADHD within the other health impaired category in situations where special education and related services are needed because of ADHD. In addition, children with ADHD may have a concomitant disability such as serious emotional disturbance (SED) or learning disabilities (LD) and qualify for services under IDEA under the SED or LD disability category.
 - Accommodations and modifications under Section 504 of the Rehabilitation Act of 1973 if the student meets the definition of a "qualified handicapped person."
 - Regular education interventions developed by the teacher, the child study committee, or the teacher assistance team.
- Prepare a Superintendent's Memorandum providing information to all school divisions regarding the characteristics and management of ADHD. The memorandum would include a discussion of the comprehensive approach to ADHD and the three methods of service delivery. The memorandum would also discuss the school division's role when drug therapy is being used to treat a student with ADHD. In addition to being important to the overall understanding of ADHD, a discussion of medication will also meet the requirements of HJR 455, legislation passed during the 1991 General Assembly requesting the Department of Education to encourage local school divisions to make personnel available in every public school to administer medications, including recording observable reactions associated with medication used to treat ADHD.

- Prepare a letter to the members of the State Council of Directors of Special Education reiterating the information contained in the Superintendent's Memorandum.
- Develop a training package for education of school division personnel regarding the characteristics and management of ADHD. This training should be attended by regular education and special education teachers, building administrators (especially those responsible for student discipline), and pupil personnel services staff. This training package would include a teleconference, videotapes for local school division use, regional conferences and technical assistance teams. An Idea Paper is to be introduced for the development of the training package.
- Develop a packet of information concerning ADHD to be sent to the local school divisions to be added to their parent resource center (if they have a center), or to the local school division's resource library.
- Include in the upcoming revision of the Regulations Governing Special Education Programs for Handicapped Children and Youth in Virginia a revision which specifically includes ADHD in the definition of "other health impaired."
- Encourage the incorporation of education regarding the characteristics and management of individuals with ADHD, as well as other disabilities, into the teacher training programs of all colleges and universities of the Commonwealth.

ATTACHMENT B



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

THE ASSISTANT SECRETARY

MEMORANDUM

SEP 16 1991

DATE :

TO : Chief State School Officers

FROM : Robert R. Davila *Robert R. Davila*
Assistant Secretary
Office of Special Education
and Rehabilitative Services

Michael L. Williams *Michael L. Williams*
Assistant Secretary
Office for Civil Rights

John T. MacDonald *John T. MacDonald*
Assistant Secretary
Office of Elementary
and Secondary Education

SUBJECT: Clarification of Policy to Address the Needs of
Children with Attention Deficit Disorders within
General and/or Special Education

I. Introduction

There is a growing awareness in the education community that attention deficit disorder (ADD) and attention deficit hyperactive disorder (ADHD) can result in significant learning problems for children with those conditions.¹ While estimates of the prevalence of ADD vary widely, we believe that three to five percent of school-aged children may have significant educational problems related to this disorder. Because ADD has broad implications for education as a whole, the Department believes it should clarify State and local responsibility under Federal law for addressing the needs of children with ADD in the schools. Ensuring that these students are able to reach their fullest potential is an inherent part of the National education goals and AMERICA 2000. The National goals, and the strategy for achieving them, are based on the assumptions that: (1) all children can learn and benefit from their education; and (2) the educational community must work to improve the learning opportunities for all children.

¹ While we recognize that the disorders ADD and ADHD vary, the term ADD is being used to encompass children with both disorders.

Page 2 - Chief State School Officers

This memorandum clarifies the circumstances under which children with ADD are eligible for special education services under Part B of the Individuals with Disabilities Education Act (Part B), as well as the Part B requirements for evaluation of such children's unique educational needs. This memorandum will also clarify the responsibility of State and local educational agencies (SEAs and LEAs) to provide special education and related services to eligible children with ADD under Part B. Finally, this memorandum clarifies the responsibilities of LEAs to provide regular or special education and related aids and services to those children with ADD who are not eligible under Part B, but who fall within the definition of "handicapped person" under Section 504 of the Rehabilitation Act of 1973. Because of the overall educational responsibility to provide services for these children, it is important that general and special education coordinate their efforts.

II. Eligibility for Special Education and Related Services under Part B

Last year during the reauthorization of the Education of the Handicapped Act [now the Individuals with Disabilities Education Act], Congress gave serious consideration to including ADD in the definition of "children with disabilities" in the statute. The Department took the position that ADD does not need to be added as a separate disability category in the statutory definition since children with ADD who require special education and related services can meet the eligibility criteria for services under Part B. This continues to be the Department's position.

No change with respect to ADD was made by Congress in the statutory definition of "children with disabilities;" however, language was included in Section 102(a) of the Education of the Handicapped Act Amendments of 1990 that required the Secretary to issue a Notice of Inquiry (NOI) soliciting public comment on special education for children with ADD under Part B. In response to the NOI (published November 29, 1990 in the Federal Register), the Department received over 2000 written comments, which have been transmitted to the Congress. Our review of these written comments indicates that there is confusion in the field regarding the extent to which children with ADD may be served in special education programs conducted under Part B.

A. Description of Part B

Part B requires SEAs and LEAs to make a free appropriate public education (FAPE) available to all eligible children with disabilities and to ensure that the rights and protections of Part B are extended to those children and their parents. 20 U.S.C. 1412(2); 34 CFR §§300.121 and 300.2. Under Part B, FAPE, among other elements, includes the provision of special education and related services, at no cost to parents, in

conformity with an individualized education program (IEP). 34 CFR §300.4.

In order to be eligible under Part B, a child must be evaluated in accordance with 34 CFR §§300.530-300.534 as having one or more specified physical or mental impairments, and must be found to require special education and related services by reason of one or more of these impairments.² 20 U.S.C. 1401(a)(1); 34 CFR §300.5. SEAs and LEAs must ensure that children with ADD who are determined eligible for services under Part B receive special education and related services designed to meet their unique needs, including special education and related services needs arising from the ADD. A full continuum of placement alternatives, including the regular classroom, must be available for providing special education and related services required in the IEP.

B. Eligibility for Part B services under the "Other Health Impaired" Category

The list of chronic or acute health problems included within the definition of "other health impaired" in the Part B regulations is not exhaustive. The term "other health impaired" includes chronic or acute impairments that result in limited alertness, which adversely affects educational performance. Thus, children with ADD should be classified as eligible for services under the "other health impaired" category in instances where the ADD is a chronic or acute health problem that results in limited alertness, which adversely affects educational performance. In other words, children with ADD, where the ADD is a chronic or acute health problem resulting in limited alertness, may be considered disabled under Part B solely on the basis of this disorder within the "other health impaired" category in situations where special education and related services are needed because of the ADD.

C. Eligibility for Part B services under Other Disability Categories

Children with ADD are also eligible for services under Part B if the children satisfy the criteria applicable to other disability categories. For example, children with ADD are also eligible for services under the "specific learning disability" category of

² The Part B regulations define 11 specified disabilities. 34 CFR §300.5(b)(1)-(11). The Education of the Handicapped Act Amendments of 1990 amended the Individuals with Disabilities Education Act [formerly the Education of the Handicapped Act] to specify that autism and traumatic brain injury are separate disability categories. See section 602(a)(1) of the Act, to be codified at 20 U.S.C. 1401(a)(1).

Part B if they meet the criteria stated in §§300.5(b)(9) and 300.541 or under the "seriously emotionally disturbed" category of Part B if they meet the criteria stated in §300.5(b)(8).

III. Evaluations under Part B

A. Requirements

SEAs and LEAs have an affirmative obligation to evaluate a child who is suspected of having a disability to determine the child's need for special education and related services. Under Part B, SEAs and LEAs are required to have procedures for locating, identifying and evaluating all children who have a disability or are suspected of having a disability and are in need of special education and related services. 34 CFR §§300.128 and 300.220. This responsibility, known as "child find," is applicable to all children from birth through 21, regardless of the severity of their disability.

Consistent with this responsibility and the obligation to make FAPE available to all eligible children with disabilities, SEAs and LEAs must ensure that evaluations of children who are suspected of needing special education and related services are conducted without undue delay. 20 U.S.C. 1412(2). Because of its responsibility resulting from the FAPE and child find requirements of Part B, an LEA may not refuse to evaluate the possible need for special education and related services of a child with a prior medical diagnosis of ADD solely by reason of that medical diagnosis. However, a medical diagnosis of ADD alone is not sufficient to render a child eligible for services under Part B.

Under Part B, before any action is taken with respect to the initial placement of a child with a disability in a program providing special education and related services, "a full and individual evaluation of the child's educational needs must be conducted in accordance with requirements of §300.532." 34 CFR §300.531. Section 300.532(a) requires that a child's evaluation must be conducted by a multidisciplinary team, including at least one teacher or other specialist with knowledge in the area of suspected disability.

B. Disagreements over Evaluations

Any proposal or refusal of an agency to initiate or change the identification, evaluation, or educational placement of the child, or the provision of FAPE to the child is subject to the

written prior notice requirements of 34 CFR §§300.504-300.505.³ If a parent disagrees with the LEA's refusal to evaluate a child or the LEA's evaluation and determination that a child does not have a disability for which the child is eligible for services under Part B, the parent may request a due process hearing pursuant to 34 CFR §§300.506-300.513 of the Part B regulations.

IV. Obligations Under Section 504 of SEAs and LEAs to Children with ADD Found Not To Require Special Education and Related Services Under Part B

Even if a child with ADD is found not to be eligible for services under Part B, the requirements of Section 504 of the Rehabilitation Act of 1973 (Section 504) and its implementing regulation at 34 CFR Part 104 may be applicable. Section 504 prohibits discrimination on the basis of handicap by recipients of Federal funds. Since Section 504 is a civil rights law, rather than a funding law, its requirements are framed in different terms than those of Part B. While the Section 504 regulation was written with an eye to consistency with Part B, it is more general, and there are some differences arising from the differing natures of the two laws. For instance, the protections of Section 504 extend to some children who do not fall within the disability categories specified in Part B.

A. Definition

Section 504 requires every recipient that operates a public elementary or secondary education program to address the needs of children who are considered "handicapped persons" under Section

³ Section 300.505 of the Part B regulations sets out the elements that must be contained in the prior written notice to parents:

- (1) A full explanation of all of the procedural safeguards available to the parents under Subpart E;
- (2) A description of the action proposed or refused by the agency, an explanation of why the agency proposes or refuses to take the action, and a description of any options the agency considered and the reasons why those options were rejected;
- (3) A description of each evaluation procedure, test, record, or report the agency uses as a basis for the proposal or refusal; and
- (4) A description of any other factors which are relevant to the agency's proposal or refusal.

34 CFR §300.505(a)(1)-(4).

504 as adequately as the needs of nonhandicapped persons are met. "Handicapped person" is defined in the Section 504 regulation as any person who has a physical or mental impairment which substantially limits a major life activity (e.g., learning). 34 CFR §104.3(j). Thus, depending on the severity of their condition, children with ADD may fit within that definition.

B. Programs and Services Under Section 504

Under Section 504, an LEA must provide a free appropriate public education to each qualified handicapped child. A free appropriate public education, under Section 504, consists of regular or special education and related aids and services that are designed to meet the individual student's needs and based on adherence to the regulatory requirements on educational setting, evaluation, placement, and procedural safeguards. 34 CFR §§104.33, 104.34, 104.35, and 104.36. A student may be handicapped within the meaning of Section 504, and therefore entitled to regular or special education and related aids and services under the Section 504 regulation, even though the student may not be eligible for special education and related services under Part B.

Under Section 504, if parents believe that their child is handicapped by ADD, the LEA must evaluate the child to determine whether he or she is handicapped as defined by Section 504. If an LEA determines that a child is not handicapped under Section 504, the parent has the right to contest that determination. If the child is determined to be handicapped under Section 504, the LEA must make an individualized determination of the child's educational needs for regular or special education or related aids and services. 34 CFR §104.35. For children determined to be handicapped under Section 504, implementation of an individualized education program developed in accordance with Part B, although not required, is one means of meeting the free appropriate public education requirements of Section 504.⁴ The child's education must be provided in the regular education classroom unless it is demonstrated that education in the regular environment with the use of supplementary aids and services cannot be achieved satisfactorily. 34 CFR §104.34.

Should it be determined that the child with ADD is handicapped for purposes of Section 504 and needs only adjustments in the regular classroom, rather than special education, those adjustments are required by Section 504. A range of strategies is available to meet the educational needs of children with ADD.

⁴Many LEAs use the same process for determining the needs of students under Section 504 that they use for implementing Part B.

Page 7 - Chief State School Officers

Regular classroom teachers are important in identifying the appropriate educational adaptations and interventions for many children with ADD.

SEAs and LEAs should take the necessary steps to promote coordination between special and regular education programs. Steps also should be taken to train regular education teachers and other personnel to develop their awareness about ADD and its manifestations and the adaptations that can be implemented in regular education programs to address the instructional needs of these children. Examples of adaptations in regular education programs could include the following:

providing a structured learning environment; repeating and simplifying instructions about in-class and homework assignments; supplementing verbal instructions with visual instructions; using behavioral management techniques; adjusting class schedules; modifying test delivery; using tape recorders, computer-aided instruction, and other audio-visual equipment; selecting modified textbooks or workbooks; and tailoring homework assignments.

Other provisions range from consultation to special resources and may include reducing class size; use of one-on-one tutorials; classroom aides and note takers; involvement of a "services coordinator" to oversee implementation of special programs and services, and possible modification of nonacademic times such as lunchroom, recess, and physical education.

Through the use of appropriate adaptations and interventions in regular classes, many of which may be required by Section 504, the Department believes that LEAs will be able to effectively address the instructional needs of many children with ADD.

C. Procedural Safeguards Under Section 504

Procedural safeguards under the Section 504 regulation are stated more generally than in Part B. The Section 504 regulation requires the LEA to make available a system of procedural safeguards that permits parents to challenge actions regarding the identification, evaluation, or educational placement of their handicapped child whom they believe needs special education or related services. 34 CFR §104.36. The Section 504 regulation requires that the system of procedural safeguards include notice, an opportunity for the parents or guardian to examine relevant records, an impartial hearing with opportunity for participation by the parents or guardian and representation by counsel, and a

review procedure. Compliance with procedural safeguards of Part B is one means of fulfilling the Section 504 requirement.⁵ However, in an impartial due process hearing raising issues under the Section 504 regulation, the impartial hearing officer must make a determination based upon that regulation.

V. Conclusion

Congress and the Department have recognized the need to provide information and assistance to teachers, administrators, parents and other interested persons regarding the identification, evaluation, and instructional needs of children with ADD. The Department has formed a work group to explore strategies across principal offices to address this issue. The work group also plans to identify some ways that the Department can work with the education associations to cooperatively consider the programs and services needed by children with ADD across special and regular education.

In fiscal year 1991, the Congress appropriated funds for the Department to synthesize and disseminate current knowledge related to ADD. Four centers will be established in Fall, 1991 to analyze and synthesize the current research literature on ADD relating to identification, assessment, and interventions. Research syntheses will be prepared in formats suitable for educators, parents and researchers. Existing clearinghouses and networks, as well as Federal, State and local organizations will be utilized to disseminate these research syntheses to parents, educators and administrators, and other interested persons.

In addition, the Federal Resource Center will work with SEAs and the six regional resource centers authorized under the Individuals with Disabilities Education Act to identify effective identification and assessment procedures, as well as intervention strategies being implemented across the country for children with ADD. A document describing current practice will be developed and disseminated to parents, educators and administrators, and other interested persons through the regional resource centers network, as well as by parent training centers, other parent and consumer organizations, and professional organizations. Also, the Office for Civil Rights' ten regional offices stand ready to provide technical assistance to parents and educators.

It is our hope that the above information will be of assistance to your State as you plan for the needs of children with ADD who require special education and related services under Part B, as well as for the needs of the broader group of children with ADD

⁵Again, many LEAs and some SEAs are conserving time and resources by using the same due process procedures for resolving disputes under both laws.

Page 9 - Chief State School Officers

who do not qualify for special education and related services under Part B, but for whom special education or adaptations in regular education programs are needed. If you any questions, please contact Jean Peelen, Office for Civil Rights; (Phone: 202/732-1635), Judy Schrag, Office of Special Education Programs (Phone: 202/732-1007); or Dan Bonner, Office of Elementary and Secondary Education (Phone: 202/401-0984).

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RFP # 91-1

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